

ASSURED TAXES

CUSTOMER INFORMATION SHEET

20 _____ Tax Year

I. TAXPAYER/SPOUSE INFORMATION

Primary Taxpayer Full Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: MM _____ DD _____ YEAR _____

Drivers License/ ID# _____ Issue date _____ Exp date _____¹

Daytime Phone #: (_____) _____ - _____ Evening Phone #: (_____) _____ - _____

SPOUSE FULL NAME: _____

Social Security Number: _____ - _____ - _____ Date of Birth: MM _____ DD _____ YEAR _____

Drivers License/ID # _____ Issue date _____ Exp date _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

FILING STATUS (circle one): Single Married filing jointly Head of Household

Married filing separately Qualifying widow(er) w/dependent children

II. DEPENDENTS

Please complete the following as applicable

	Name (As shown on social security card)	Date of Birth	Social Security Number	Relationship To Taxpayer	Months in Home
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					

Closest living relative name _____ Phone _____

III. REFUND

If you are receiving a refund tell us how you would like to receive the refund. (Check only one)

Check

Debit card

Direct Deposit to your account

Signatures:

Taxpayer: _____ Date: _____

Spouse: _____ Date: _____